WILLIAMSON COUNTY BID FORM POWER STRETCHER FOR EMS

BID NUMBER: 11WCA065

Austin	State:TXZip:	78703
l Address:jordan.costello@stryker.com_		
phone: (512) 673-0636	Fax: (512) 373-8363	
le Phone: (512) 673-0636		
County has the right to determine quantity, if no is the right to adjust the total quantities, while it		
Power Stretcher	, ,	
Brand Name: Power-PRO XT	Model No: 6500	
Cost of each: \$10,387.00		
Accessories please list all available (O2 bo	ttle mount; Storage nets; IV po	ole; equipment hooks. etc.)
Item: 6500-215-000 Description	n: 3 Stage IV Pole	Cost of each: \$244.14
Item: 6500-147-000 Description	n: Equipment Hook Option	<u>Cost of each:</u> \$37.44
Item: 6500-130-000 Description	n: Backrest Storage Pouch	Cost of each: \$183.30
Item: 6500-128-000 Description	n: Head End Storage Flat	Cost of each: \$97.50
Item: 6500-160-000 Description	n: Base Storage Net Opt	<u>Cost of each:</u> \$137.28
<u>Item:</u> 6500-082-000 <u>Description</u>	n: Knee-Gatch/Trendelenbu	rg Cost of each: \$566.28
Extended warranty		
Duration of Warranty3 Year		
Description of WarrantyPremium Serv Contract Year for Non-warranty Years	rice Contract: Includes Parts	s, Labor, and Travel and 2 PM's Pe

By signing this form:

- The bidder confirms that he/she has read the entire document and agrees to the terms herein.
- · The bidder is acknowledging the Conflict of Interest Clause, and agrees to follow necessary requirements

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s).

Signature of Person Authorized to Sign BID

_ Date of BID: 5-/6-/1

Printed Name and Title of Signer:

JORDAN COSTELLO / TERRIT

DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID

RETURN PAGES BEGINNING WITH PAGE 7 THROUGH THIS PAGE WITH YOUR BID PACKAGE AND ALL REQUIRED INFORMATION

Printed name of person submitting form:



WILLIAMSON COUNTY CONFLICT OF INTEREST STATEMENT

I hereby acknowledge that I am aware of the Local Government Code of the State of Texas, Section 176.006 regarding conflicts of interest and will abide by all provisions as required by Texas law.

JORDAN COSTELLO		
Name of Company:		
STRYKER MEDICAL		
Date:		
5-14-11		
Signature of person submitting form:		
Notarized:		
Sworn and subscribed before me by: on(date)	LIZA RAMIR Notary Public, State o My Comm. Expires 09	EZ If Texas (1) 05-2011